

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

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PATENT NUMBER

**U.S. UTILITY Patent Application**

**O.I.P.E.**

PATENT DATE

**SCANNED**

94

|                              |                 |              |                 |                                    |                     |
|------------------------------|-----------------|--------------|-----------------|------------------------------------|---------------------|
| APPLICATION NO.<br>09/761254 | CONT/PRIOR<br>F | CLASS<br>382 | SUBCLASS<br>128 | ART UNIT<br><del>268</del><br>2623 | EXAMINER<br>DASBARI |
|------------------------------|-----------------|--------------|-----------------|------------------------------------|---------------------|

## APPLICANTS

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|---|--|--------------|------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>  |              |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drawg.  | Figs. Drawg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)  |              |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____<br>_____<br>_____  |  |              |            | <b>ISSUE FEE</b>                  |                      |
|   | Amount Due   | Date Paid    |            |                                   |                      |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____ (Primary Examiner) _____ (Date)<br><br>_____ (Legal Instruments Examiner) _____ (Date) |              |            | <b>ISSUE BATCH NUMBER</b>         |                      |
|   |  |              |            |                                   |                      |
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